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News Break

March 10, 2013 Issue

Many Failing to Meet Care Planning and Discharge Planning Requirements

On February 28th 2013 the Department of Human Services Office of Inspector General posted an executive study that focuses on Skilled Nursing Facilities failure to meet care planning and discharge planning requirements.

Why US Department of Health and Human Services' Office of Inspector General (OIG) did this study--

Medicare Requirements Relate to Quality of Care

Skilled nursing facilities (SNF) are required to develop a care plan for each beneficiary and provide services in accordance with the care plan, as well as to plan for each beneficiary's discharge. These requirements are essential to ensuring that beneficiaries receive appropriate care and safely transition from one care setting to another. Several Office of Inspector General studies and investigations found that SNFs had deficiencies in quality of care, did not develop appropriate care plans, and failed to provide adequate care to beneficiaries. In fiscal year 2012, Medicare paid \$32.2 billion for SNF services. This study is part of a larger body of work about SNF payments and quality of care.

How Study Was Done

We based this study on a medical record review of a stratified simple random sample of SNF stays from 2009. The reviewers determined the extent to which SNFs developed care plans that met Medicare requirements, provided services in accordance with care plans, and planned for beneficiaries' discharges as required. Reviewers also identified examples of poor quality care.



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Study Findings

For 37 percent of stays, SNFs did not develop care plans that met requirements or did not provide services in accordance with care plans. For 31 percent of stays, SNFs did not meet discharge planning requirements. Medicare paid approximately \$5.1 billion for stays in which SNFs did not meet these quality-of-care requirements. Additionally, reviewers found examples of poor quality care related to wound care, medication management, and therapy. These findings raise concerns about what Medicare is paying for. They also demonstrate that SNF oversight needs to be strengthened to ensure that SNFs perform appropriate care planning and discharge planning.

Recommendations

We recommend that the Centers for Medicare & Medicaid Services (CMS):

1. Strengthen the regulations on care planning and discharge planning;
2. Provide guidance to SNFs to improve care planning and discharge planning;
3. Increase surveyor efforts to identify SNFs that do not meet care planning and discharge planning requirements and to hold these SNFs accountable;
4. Link payments to meeting quality-of-care requirements, and
5. Follow up on the SNFs that failed to meet care planning and discharge planning requirements or that provided poor quality care. CMS concurred with all five of our recommendations.

Access the entire study, "Skilled Nursing Facilities Often Fail To Meet Care Planning and Discharge Planning Requirements" (OEI 02 09 00201) at: <https://oig.hhs.gov/oei/reports/oei-02-09-00201.pdf>

Visit the new CMS webpage to learn more:

<http://www.cms.gov/>

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